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ABSTRACT

The evaluation of the Syracuse University School of Nursing's masters program in nursing of the rural aging is considered. The evaluation was designed to determine the effectiveness of the training program and its impact on the rural community. Four major issues related to the effectiveness of the training program are as follows: student and faculty member reactions to the program and to rural aging courses, student achievement of the general objectives of a graduate nursing program, and students' perceptions of themselves as students and nurses and their attitudes toward the elderly and toward rural areas. Ten major issues related to the impact of the program on the elderly and to the community as a whole are as follows: acceptance of the program by the elderly, changes in the health status of the elderly, changes in their quality of life, changes in their utilization of health care services, changes in their attitudes toward nursing, the extent to which the elderly have stabilized their support networks or generated new ones, a case-by-case impact of the program, changes in the health care delivery system, community reaction to the program, and changes in the community with respect to the promotion of health and the prevention of illness. The various data collection techniques used to answer these issues, including interviews, questionnaires, and rating scales, are examined, and findings regarding the effectiveness of the training program are summarized. Among the positive student reactions are the commitment of the faculty, and the conduct of the needs assessment and site development activities. (SW)

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THE EVALUATION OF A MASTER'S PROGRAM
IN NURSING OF THE RURAL AGING

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THE EVALUATION OF A MASTER'S PROGRAM IN NURSING OF THE RURAL AGING

The development of a Master's program to prepare nurses to provide care to elderly in rural areas has been underway at the Syracuse University School of Nursing since June 1, 1979. The aging living in rural, underserved areas are particularly vulnerable to the current inflationary trends in the costs of transportation, energy, food, and health care. This three-year program was initiated so that graduate nursing students could obtain the skills and knowledge to support existing programs or develop and evaluate new ones which would enhance the health and the quality of life of the elderly. The emphasis throughout has been on the promotion of positive wellness and the prevention of illness rather than solely on the treating of illness.

The purpose of this paper is to give the reader an idea of the kind of multi-faceted evaluation approach which was developed to fit a small, innovative program. The challenge here was to address the issues fully without being either too thorough or too superficial.

This paper will discuss several aspects of the design of the evaluation of this project, the selection and/or development of data collection instruments, results obtained to date, problems and major issues encountered, and future directions. A brief description of the program as currently implemented will be given in order to provide an adequate background for the presentation of the evaluation concerns.

Description of the Program

The master's program in Nursing of the Rural Aging requires students to complete a minimum of 45 credits, about half of which shall be in the area

of nursing theory and practice. The remainder are to be divided among courses in research, preparation for one of three functional competencies (teacher, manager, and clinical specialist) and other related courses within or outside the School of Nursing, with the final 6 credits devoted either to a thesis or to electives with an intensive examination. Required courses include two semesters of clinical experience adopted from the existing Master's program with no essential changes but with an emphasis placed on the rural environment. Also required are two courses developed specifically for the program, "Nursing and the Promotion of Healthy Aging," and "Nursing in the Rural Community," and a course in the School of Social Work, "Processes of Aging."

During the first year of the program, the first group of ten students found themselves very much involved in the development and assessment of the selected rural area, northern Cayuga County in central New York, in which they would have their clinical experience. The development of the site required the dissemination of information about the program followed by a series of meetings, often attended by students, with faculty from the School of Nursing and citizens groups, legislators, and those connected with various aspects of the health care delivery system.

As part of their first clinical course, students participated in the assessment effort by conducting a needs assessment of the elderly population of this area. This activity consisted primarily of the development of an interview schedule and its administration, in person, to a random sample of elderly residents. The data were aggregated and summarized. In addition, students carried out a formal community assessment for which they collected demographic information concerning the population of the selected rural site and other descriptive data about the history of the site, its economy,

physical characteristics, and climate. While providing important information for the planning of the optimal roles the students could play in the community, these data also served to back up and validate data collected in other ways as part of the evaluation. This will be discussed further in the "Results" section.

Development of the Evaluation Design

The evaluation of this project can be thought of as a process of striving for increased clarity of the major issues which provide the framework for the data collection and analysis activities. As the project began to take shape, the issues to be addressed by the evaluation also began to come into focus under two major headings, the effectiveness of the training program and the impact of the program on the selected rural community. Data collection strategies were designed so that the amount of change, both in the preparation of the students and in the health of the community, could be demonstrated. In addition, formative issues such as those relating to the improvement of the newly-developed courses began to become distinct from summative issues which dealt with the overall effectiveness and impact of the three-year program.

Thus, the two purposes of the evaluation were to point to areas which could use improvement while the program is in progress and to determine its overall impact and effectiveness. The evaluation has provided and will continue to provide data useful to the project staff as they attempt to offer the best graduate education possible according to the program's objectives. It will also furnish data on the overall quality of the program which, along with descriptions of the nature of the program and its implementation, will provide the funding agency and interested outside audiences with the information necessary to determine whether or not this program should be refunded, expanded, or adopted, as the case may be.

Training Effect Issues. Four major issues related to the effectiveness of the training program have been identified and are listed below along with related sub-issues.

1. What have been the most positive and most negative aspects of the program?
 - a. What are students' evaluations of the program?
 - b. What are faculty's evaluations of the program?
2. How effective have the Rural Aging courses (both the newly-developed and the adapted ones) been?
 - a. How well have the courses helped students achieve their personal and professional goals?
 - b. What are students' evaluations of these courses?
 - c. What is the faculty's evaluation of students' achievement of the instructional objectives?
 - d. What is the faculty's evaluation of the Rural Aging courses?
3. How well have students achieved the terminal behaviors of graduate programs in the School of Nursing?
 - a. How well has the program helped students achieve the general objectives of a graduate nursing program?
 - b. What is the faculty's evaluation of students' achievement of the terminal behaviors?
4. How have students' attitudes changed in the course of the program?
 - a. How have students' perceptions of themselves as students and nurses changed in the course of the program?
 - b. How have students' attitudes toward the elderly changed in the course of the program?
 - c. How have students' attitudes toward rural areas changed in the course of the program?

Community Impact Issues. Ten major issues were identified which related to the impact of the program on the elderly in the community and to the community as a whole.

A. What is the impact of the program on elderly residents of the community?

1. How well have the elderly accepted the program?
2. What have been the changes in the health status of the elderly?
3. What changes have there been in their quality of life?
4. What changes have there been in their utilization of the health-care delivery system?
5. How have their attitudes towards nursing changed?
6. How well have the elderly stabilized their support networks or been helped to generate new ones?
7. What has the case-by-case impact of the program been?

B. What is the impact of the program on the community as a whole?

1. How has the health care delivery system changed?
2. How well has the program been received?
3. What changes have there been in the community with respect to the promotion of health and the prevention of illness?

The data collection strategies discussed below were designed to produce data on the above issues throughout the course of the program and from a variety of perspectives. Their design and administration were constrained by the fact that the half-time evaluator was the only person funded by the program to work on evaluation activities.

Data Collection: Effectiveness of the Training Program. Table I illustrates the various data collection techniques used for the issues discussed above.

A brief summary of these approaches follows.

TABLE I: EVALUATION ISSUES AND ASSOCIATED MEASURES

	Student Interviews	Faculty Interviews	Attitudinal Measures	Student Logs	Health Questionnaires	Needs Assessments	Course Evaluations	Well-Placed Observer Interviews	Community Impact Indicators	In-Course Evaluations of Students	Clinical Appraisal
I. Effectiveness of Training											
1. Positive/Negative Aspects	X	X									
2. Course Effectiveness	X	X					X				
3. Terminal Behaviors	X	X		X						X	X
4. Students' Attitudinal Changes			X							X	X
II. Community Impact											
A1. Elderly's Acceptance of Program								X	X		
2. Changes in Health Status of Elderly					X	X		X	X		
3. Changes in Quality of Life of Elderly					X	X		X	X		
4. Changes in Utilization of Health Care Delivery System					X	X		X	X		
5. Changes in Attitudes Toward Nursing					X	X		X	X		
6. Stabilized or Generated Support Networks					X	X		X	X		
7. Case-by-Case Impact of Program				X				X	X		X
B1. Changes in Health Care Delivery System								X	X		
2. Overall Acceptance of Program								X	X		
3. Changes in Community Re: Health Promotion/ Illness Prevention								X	X		

Student and faculty interviews were selected as the means by which the positive and negative aspects of the program would be identified. The interview approach is direct and allows for the probing and exploring of issues. This is not true of questionnaires which also may yield low response rates.

Both sets of interviews also provided data on the effectiveness of the courses as would standardized course evaluation rating instruments. Also taken into account here were the faculty's evaluations of student progress and achievement in program-related courses and, in particular, their evaluation of the quality and effectiveness of the two clinical courses.

The determination of student achievement of terminal behaviors will be completed by means of faculty evaluations of student progress using student achievement, clinical assessments, and, in some cases, student logs. Student and faculty interview data also play a part here.

The issue of students' attitudinal changes was addressed by pre- and post-program administrations of three instruments. Two of these, a self-perception scale and "Attitudes Toward Old People" (Tuckman and Lorge), were adapted from existing versions. The former was developed in-house for a graduate nursing program in psychology and mental health, and the latter was found in the literature of the evaluation of

programs for the elderly. Students' "Attitudes Toward Rural Areas" were measured by an instrument which was developed in-house, as nothing on this type of attitude was found in the literature. In addition, master's level nursing students who were not in the Rural Aging program were also tested with these instruments for comparison purposes, although these two groups can't be considered "treatment" and "control" in the experimental sense.

Data Collection: Impact of the Program on the Community. Six data sources provided information relating to these issues. Interview data were collected from a set of well-placed observers in the community, i.e., the five northern towns in Cayuga County in which the students were doing their clinical work. These observers were in occupational groups which, through at least some contact with elderly, were likely to have knowledge of their needs. These groups included public health nurses, town clerks, medical administrators, and drivers or attendants on vans for the elderly. Members of a comparison group of observers in the same occupational groups but from seven southern towns in the county were also interviewed. These interviews were conducted as part of the baseline data collection and will also be carried out at the conclusion of the program, to assess the degree to which changes in the target community may be attributable to the program.

A list of indicators called "Elements of Community Impact," developed after extensive discussion between the evaluator and the Program Coordinator and members of the faculty, will also provide information on all the issues in this category. It consists of six categories containing 28 indicators, many of which are included in the "Results" section. These indicators will serve as guidelines for the collection of data during the final phase of the program and many will be addressed by means of other data sources in Table 1. Further definitional work needs to be done in some cases to insure that it is clear what data are needed.

A needs assessment and a health questionnaire were used to assess the program's impact on the elderly with respect to changes in their health status, quality of life, utilization of the health-care delivery system, attitudes toward nursing, and the nature of their support networks. The needs assessment of the community included in-person interviews of a random sample of over 70 elderly residents by students in their first clinical course. The questions covered many aspects of these issues and were largely open-ended.

The health questionnaire along with a prepaid envelope was sent to the two previously-identified northern and southern sectors of Cayuga County as an insert in the Senior Citizens Newsletter published by the Cayuga County Office for the Aging. The questions asked about health status, health seeking behaviors, and general attitudes toward life. The questionnaire was sent to over 1100 elderly residents prior to the full implementation of the clinical aspect of the program, and it is anticipated that it will be readministered during the final few months

of the program. Pre- and post-program data from the two sectors will be analyzed to determine the impact the program has had on the northern community.

Faculty-supplied data concerning students' expertise and effectiveness in the application of nursing procedures and models in specific cases will provide the most useful information on the final assessment of the case-by-case impact of the program. Student logs will also be useful for this purpose.

Results to Date

Data have been collected on many of the issues described above as of now, although not all intended data sources have been tapped in all cases. With respect to issues connected with changes in the students, the elderly population, and the community, only baseline data are presently available. The results are summarized below by issue.

Effectiveness of the Training Program:

1. What has been the most positive and most negative aspects of the program?

Available data come from the end-of-the-year interviews with the first group of students. Many enjoyed the opportunity to be involved in a new and growing program, although some students saw this as a negative aspect in that there was a certain amount of frustration for some in the lack of a well-defined structure. Other positive elements noted were the commitment of the faculty, the conduct of the needs assessment and site development activities, and increased knowledge and understanding of the elderly. Negative aspects in addition to

the lack of structure included feelings that their first semester clinical experiences which centered around the needs assessment and site development activities were not giving them enough opportunities to practice their nursing skills. They also resented the amount of travel and the associated expenses.

2. How effective have the Rural Aging courses (both the newly-developed and the adapted ones) been?

Students were asked to evaluate three courses related to the Rural Aging Program by means of the "Classroom Behavior Survey" (Chapman and Kelly), an open-ended School of Nursing instrument, and student interviews. During the Fall, 1979, semester the first group of Rural Aging students were required to take the Social Work course "Processes of Aging." Most students felt it was a good introduction to the field of aging with a lot of information and theory presented. They did tend to question the need for a Social Work course in this program. Typical comments were: "The course had a lot of content that we were forced to learn. The instructor didn't see the potential of nursing. He had a backwards view," and "The course was OK but not great; it had good information. There was a tension between Social Work and Nursing."

The first course developed especially for this program was "Nursing and the Promotion of Healthy Aging." Responses here were generally positive. Many students especially liked the classroom discussions and the opportunity to produce a videotape while others felt that discussions could have made better use

of the students' backgrounds and that the course included the viewing of too many movies, some of which were inappropriate. Typical comments were: "Some of the films were good but not all"; and "I prefer an unstructured instructional approach. I liked the content and doing the videotape."

The second nursing course developed for this project was a clinical course specifically focusing on rural areas. The first offering of this course centered on a community assessment done by students on a random sample of households containing elderly residents and located in the five northern towns of Cayuga County. Many of the students' comments were mixed. Often they reported having enjoyed the experiences of developing the instrument, conducting the interviews, and attempting to sort out the data, but they were also frustrated with the lack of real "content" and with the amount of time taken up by the planning, design, and revision processes. Typical comments were "I felt lost and frustrated at times"; "New ideas and unique ideas are encouraged"; and it was beneficial to work through ". . . an entirely new process. It increased my anxiety enough to make me grow in a variety of ways."

3. How well have students achieved the terminal behaviors of graduate programs in the School of Nursing?

Results pertaining to this issue are not yet available. They will be derived from exit interviews with students, faculty interviews, and data obtained from faculty regarding student achievement.

4. How have students' attitudes changed in the course of the program?

Students in both groups of the Rural Aging program, i.e., those who began in September, 1979, and those who entered in September, 1980, were given the three attitudinal instruments mentioned above as were comparison groups of non-Rural Aging master's nursing students. No significant group differences were found for the scales measuring attitudes toward the elderly and toward rural areas.

There were differences found with the self-perception instrument, however. This tool is made up of six semantic differential subscales. Each subscale contained sixteen adjective sets and the six subscales were: "As a nurse, I see myself as . . ."; "As a nurse, I believe others see me as . . ."; "As a gerontological nurse, I see myself as . . ."; "As a gerontological nurse, I believe others see me as . . ."; "As a graduate student, I see myself as . . ."; and "As a graduate student, I believe others see me as . . ." For the two groups of Rural Aging students, there was evidence of significantly more positive self-perception on the two gerontological subscales than for the comparison groups ($p < .02$, $p < .07$). The results did not occur for the first Rural Aging group alone. For the second group, however, there were differences on the first gerontological subscale, i.e., "As a gerontological nurse, I see myself as . . .," ($p < .02$) but the differences were not statistically significant for the second subscale. No other differences were found. These differences were explained by the fact that Rural Aging students probably chose to participate in the program because of their interest in the elderly, and most

had had extensive experience working with this group at the time they entered the program. Their experience must have increased their self-image in this area.

Impact of the Program on the Elderly in the Community.

1. How well have the elderly accepted the program?
2. What have been the changes in the health status of the elderly?
3. What changes have there been in their quality of life?
4. What changes have there been in their utilization of the health care delivery system?
5. How have their attitudes toward nursing changed?
6. How well have the elderly stabilized their support networks or been helped to generate new ones?

To date baseline data have been gathered on the current health status of the elderly, their attitudes toward health, their level of awareness of the importance of health maintenance, their general outlook on life, and their utilization of the health care delivery system. The major sources for these data have been the health questionnaire, the needs assessment, and the interviews with well-placed observers. The questionnaire and interviews will be administered again during the final year of the project. In addition, the indicators on the "Elements of Community Impact" list will be monitored. It is expected that data pertaining to the six issues listed above will be available from the specific data elements listed in Table II.

The last issue in this section, the case-by-case impact of the program on the elderly, will be evaluated to a limited extent by means of the instruments mentioned above. Most evidence will come from faculty members in their assessment of students' clinical experiences and from students,

TABLE II: DATA SOURCES FOR ISSUES ON PROGRAM'S IMPACT ON ELDERLY

Issue	Health Questionnaire (to elderly)	Interviews with Well-Placed Observers	Elements of Community Impact
1. Elderly's acceptance of program.	1. Attitudes towards importance of health maintenance.	1. Resources available to elderly. 2. General trends in health status of the elderly. 3. Health resources used by elderly. 4. Whether or not elderly know how to take care of themselves. 5. Whether or not elderly know where to get help when they need it.	I. Community Education 1. Improvement in health-seeking behaviors of elderly. 2. Increasing individual and family sense of responsibility for own health. 3. Improved responses of elderly to aging. II. Improved Utilization of Components of Health Care System by Consumers 1. Decrease in of "inappropriate" ambulance calls. 2. Decrease in amount of "inappropriate" emergency room use.
2. Changes in health status of elderly.	1. Actions taken in case of illness. 2. Actions taken to maintain health.	1. Major problem of older citizens. 2. Health problems of elderly. 3. Whether or not elderly know how to take care of themselves. 4. Whether or not elderly know where to get help when they need it.	Improved Utilization of Components of Health Care.
3. Changes in quality of life.	3. Attitudes toward/outlook on life. 4. Attitudes toward interpersonal relationships.		
4. Changes in utilization of health care delivery system	1. Actions taken in case of illness. 2. Actions taken to maintain health.	1. Health resources used by elderly. 2. Changes in requests for services by elderly. 3. Projected future need for services by elderly. 4. Whether or not elderly know where to get help when they need it.	Improved Utilization of Components of Health Care.
5. Changes in attitudes toward nursing.	1. Utilization of nursing services.		Community Education Improved Utilization of Components of Health Care.
6. Elderly's use of support networks.	1. Attitudes toward/outlook on life. 2. Attitudes toward social relationships.	1. Health resources used by elderly. 2. Whether or not elderly know where to get help when they need it.	Community Education Generation of New Support Networks for Consumers 1. Supporting development of interlocking community systems that enhance health. 2. Help elderly maintain independence. 3. Help elderly avoid institutionalization.

either through interviews, self-assessments, or logs. Data are not yet available on this issue.

Impact of the Program on the Community as a Whole.

The Issues under this heading have to do with changes in the health care delivery system and other changes in the promotion of health and the prevention of illness in the community. Also included is the level of acceptance of the program by the community as a whole. Data on these issues will be collected during the last year of the project again by means of the interview with well-placed observers and the monitoring of the "Elements of Community Impact." Questions to observers about available resources, changes and their opinions on whether older people know where to go when they need help will provide data on these issues. In addition, most of the indicators on the "Elements of Community Impact" will be useful here. These are:

<u>Categories</u>	<u>Elements</u>
1. Community Acceptance of the Project	1. Jobs created for rural aging nursing. 2. Grants applied for by rural agencies. 3. Agencies requesting more student participation. 4. Agencies hiring graduates. 5. Legislative support.
2. Community Education	1. Improvement of health-seeking behaviors of the elderly. 2. Increased individual and family sense of responsibility for own health. 3. Improved responses of elderly to aging over time.
3. Improved Utilization of Components of Health Care System by Consumers	1. Decrease in percentage of "inappropriate" emergency room use.

<u>Categories</u>	<u>Elements</u>
4. Generation of New Support Networks for Consumers	1. Supporting the development of more interlocking community systems that enhance health. 2. Help elderly maintain independence. 3. Help elderly avoid institutionalization.
5. Provide for Increasing Accessibility and Quality in Health Care in a Given Setting	1. A linkage of nursing and health services with already available resources such as: grade schools, high schools, churches. 2. The generation of local permanent support for nursing services to rural. 3. Development of store-front nursing for primary care. 4. Effective needs assessment of the community.

Summary

The evaluation of this Master's program in Nursing of the Rural Aging was designed to provide data on several levels and from a variety of sources. These data will reflect multiple perspectives, and it is hoped that their interpretation will be aided by comparisons with non-program groups of students as well as with a community which did not participate as a clinical site. Final data collection activities will include the use of all of the sources in Table I to address the essential issues of the overall value of this graduate nursing program and the impact it has had on the identified clinical site.

The main challenges in the design of this evaluation were those which are common to most such endeavors, i.e., the conceptualization of the overriding issues, the selection of the best measurement strategies within the available resources, and the arrangement, display, and interpretation of the resulting data in the clearest and most meaningful way. The persistent problem of determining the focus--of the evaluation, the issues, the strategies, etc.--without eliminating important and necessary considerations is what always makes

the entire evaluation activity such a challenge. It is hoped that the final result will be an understanding of the advantages and limitations of a small, well-focused program and of its possible impact on a well-defined local area with a clear need for expanded services in the health area.

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